

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030482

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

27703

STATE FILE NUMBER

FILED AUG 1 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY  
OR  
TOWN

ST. LOUIS

Inside Limits  
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

ALEXIAN Bros

Inside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS

4214 Schiller

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

FRANK

M

Schmidt

4. DATE  
OF  
DEATH

Month

Day

Year

July

24

1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married

Never Married ☒Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

Dec 9 1883 - 79

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

STOCK FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY

ST. BAER-FULLER

11. BIRTHPLACE (City and state of country)

ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY

U-S-A

## 13a. FATHER'S NAME

GEORGE Schmidt

## 13b. MOTHER'S MAIDEN NAME

LENA STAUFER

## 14. NAME OF HUSBAND OR WIFE

Sophia Schmidt

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Sophia Schmidt

## Address

4214 Schiller

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma lung

INTERVAL BETWEEN  
ONSET AND DEATH

?

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from July 1, 1960 to 7/24/63 and last saw him alive on 7/23/63  
Death occurred at 7 A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

R. Hackmeyer MD

## 22b. ADDRESS

4065 S. Grand Blvd.

## 22c. DATE SIGNED

7/26/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

REMOVAL

## 23b. DATE

July 27, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

RESURRECTION

## 23d. LOCATION (City, town, or county)

ST. LOUIS Co. MO

## 24. FUNERAL DIRECTOR

Thomas Kutas

## ADDRESS

2906 Grand

## 25. DATE RECD. BY LOCAL REG.

JUL 26 1963

## 26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1

2

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50

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Eleanor Province*

Licensed Embalmer No.

*3403*

P. O. Address

*2906 Green*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.